

Name in Full

Certificate of Death

Maurice Butler

Town

County

MARYLAND

Died at Faulkner

Charles

Date 1902 Feb 6

Month Day Y. M. D. Native of Md Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Swindle~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William Barber

Town

County

Died at

Mickins

Chas

MARYLAND

|           |           |         |         |                           |            |
|-----------|-----------|---------|---------|---------------------------|------------|
| Date 1902 | Month Feb | Day 18  | Age 1   | Native of Chas Lee        | Occupation |
| Male      | White     | Married | Widow   | Divorced                  |            |
| Female    | Colored   | Single  | Widower | Number of children living |            |

Husband of

Wife

Father's

Name

William Barber

Mother's

Maiden Name

Nellie Thompson

Cause of

Primary

Not Known

How long sick

1 day

Death

Immediate

—

151

Accident, Suicide, Homicide

Reported by

William Barber

Address

Mickins Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Mary D. Boorman  
 Town Pomomoy County Charles

MARYLAND

Died at

Date 1902

Month Day

2-5

Y. M. D.

48

Native of

Ansonia

Occupation

Wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

7

Husband of

Wife

Father's

Name

Harrison Boorman  
 Beau Howard Mother's Maiden Name Willie Howard

Cause of

Primary

Periculous Anemia

How long sick

8 months

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

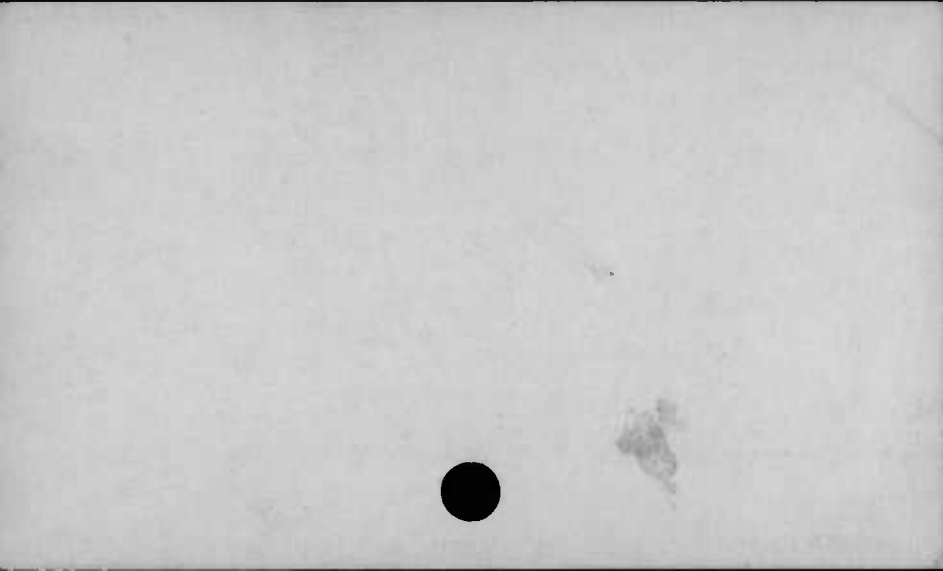
Reported by

54  
 Paul L. Hemmon M.D.

Address

Jason Spriss Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John R Bowers  
 Died at Newburg Town Lehman County MARYLAND  
 Date 19 02 Month Feb Day 7 Age 88 Y. 8 M. 15 D. Native of Indi Occupation Farming  
 Male White Married Widaw Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband  
 of  
 Wife

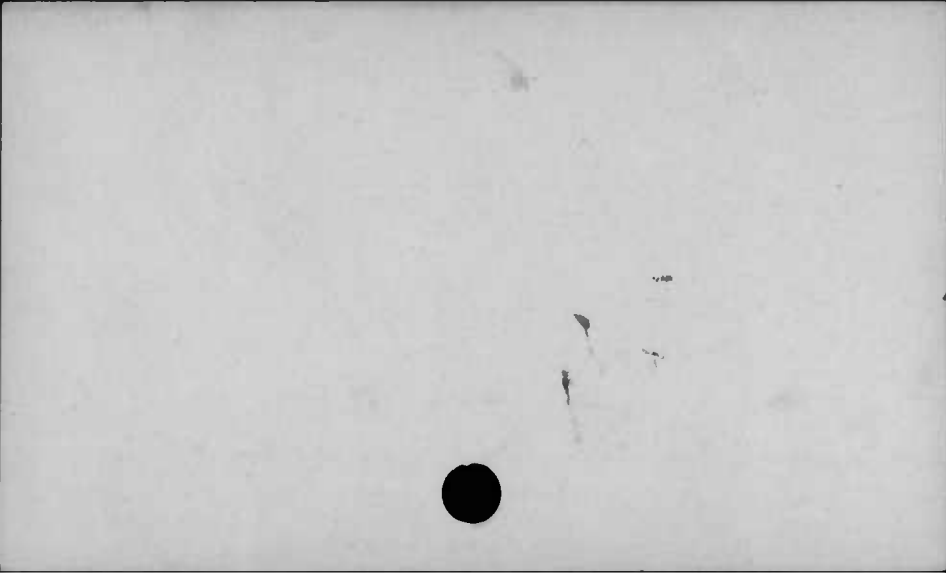
Father's Name John R Bowers Mother's Maiden Name Mary Bowers

Cause of Death { Primary Heart Trouble How long sick 3 weeks  
 { Immediate 79 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Benjamin Bertram Burroughs

Town

County

Died at

Indian Head

Charles

MARYLAND

Date 189- 1902 Month July Day 22 Y. 1 M. 8 D.  Native of Maryland Occupation   
 Male  White  Married  Widow  Divorced   
 Female  Colored  Single  Widower  Number of children living

Husband  
of  
WifeFather's  
Name

H. P. Burroughs

Mother's  
Name

Emma S. Burroughs

Cause of

Primary

Meningitis

How long sick

1 week

Death

Immediate

61

Accident, Suicide, Homicide

Reported by

R. Wagner M.D.

Address

Indian Head Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

*Leah Clark*  
 Town County *Charles*  
 Died at *Maryland* MARYLAND

Date 19*02* Month *May* Day *16* Y. M. D. Age *60* Native of *Maryland* Occupation  
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *6*

Husband  
 of  
 Wife

Father's Name *John Clark* Mother's Maiden Name *Kate Clark*

Cause of Death { Primary *dropping* Immediate } How long sick *177* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Cunningham

Town

County

MARYLAND

Died at Nanperry Chas.

Date 1902 Feb 12 | Age 65 | Native of Va. | Occupation Farmer

Male ~~Female~~ | Married ~~Single~~ | Widower ~~Widow~~ | Divorced ~~Married~~

~~Female~~ | Colored ~~White~~ | Widower ~~Widow~~ | Number of children living

Husband of Caroline Cunningham

Wife ~~—~~

Father's Name ~~—~~ | Mother's Name ~~—~~

Cause of Death { Primary Heart disease and Complications | How long sick —

Death { Immediate | Accident, Suicide, Homicide

Reported by J. D. Spake M.D.

Address Grayton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

John C. Finni

Town

County

Died at *Near Pampus**Charles*

MARYLAND

Date 1902 *Feb 21*

Month

Day

Y. M. D.

Native of

Occupation

Date 1902

*Feb 21*

Age

*Charles Co**Farmer*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living *2*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Infl.**93*

How long sick

*10 days*

Death

Immediate

*Pneumonia*

Accident, Suicide, Homicide

Reported by

*J. O. Moore & Son*

Address

*Salisbury Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband  
of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Tom Jones

Town

County

McConchie

Charles

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 16

Age 70

Md. Farmer

~~White~~

Married

~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~

Number of children living

4

Amanda Jones

Mother's

Maiden Name

Primary

Old age

Immediate

Inflammation of stomach

How long sick

10 days

Accident, Suicide, Homicide

Carpenter

Pisgah

Md.



Died at *Hanson Lancaster* Town *near Waldorf* County *Charles* MARYLAND

1902 Date *19* Month *Feb* Day *14* Y. *5* M. *11* D. *Charles* Native of *CI* Occupation *CI*

Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living

Husband  
of  
Wife

Father's Name *Rudolph Lancaster* Mother's Name *Flora Bawner*

Cause of Death { Primary Immediate *Lagruppe* } How long sick *2 days*  
*10* Accident, Suicide, Homicide

Reported by *Family*

Address *Waldorf Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Emmanuel Berry Marton*  
 Town County

Died at

*Pommonkey*

County

*Chas*

MARYLAND

Date 1902

*Feb 27*

Month

Day

Age

Y.

M.

D.

Native of

Occupation

*Ind*

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

*Henry Berry*

Mother's

Maiden Name

*Charlot Marton*

Cause of

Primary

Death

Immediate

*Convulsion*

How long sick

*8 days*

Accident, Suicide, Homicide

Reported by

*Jim Marton Grace Farther*

Address

*Pommonkey Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas J Montgomery  
 Town County

Died near Waldorf Charles MARYLAND

1902 Month Day Y. M. D. Native of Occupation  
 Date 1902 Feb 6 Age 7 Charles C  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's Name Francis A Montgomery Mother's Name Lilla Montgomery

Cause of Primary

How long sick

2 days

Death Immediate

Pneumonia

Accident, Suicide, Homicide

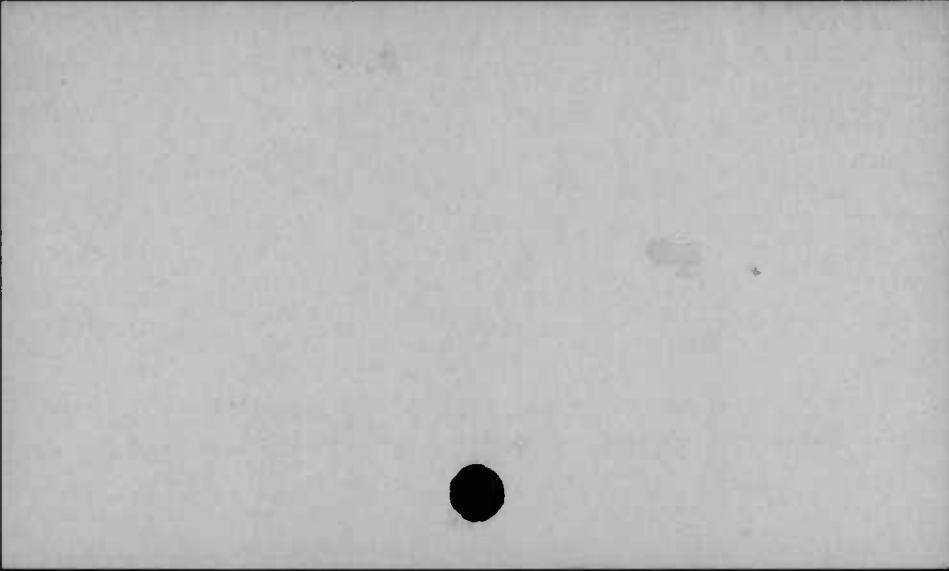
Reported by

Father

Address

Waldorf Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Arabella Mundle

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Febr.

9

Age

20

7

—

Md.

Chambermaid

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

None

~~Husband~~ of~~Wife~~

Father's

Name

Ed Mundle

Mother's

Maiden Name

Jane Adams

Cause of

Primary

Harting consumption

How long sick

Death

Immediate

severing

Accident, Suicide, Homicide

Reported by

C O Carpenter Undertaker

Address

Ringah Md

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Geo M. Raley 120.

Town

County

Died at Dentonville

Charles

MARYLAND

| Date 1902 | Month | Day | Y. | M. | D. | Native of | Occupation |
|-----------|-------|-----|----|----|----|-----------|------------|
| 1902      | 2     | 2   | 62 | -  | -  | md        | Laborer    |

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

—

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Bright's disease

How long sick

6 mo

Death

Immediate

Uremia

Accident, Suicide, Homicide

Reported by

H. C. Chappell

Address

H. C. Chappell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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*Bolt-Cosbury Swamp*  
 Town County

Died at *Near Prosser* *Chas-* MARYLAND

|           |                   |                   |                    |                     |                           |                       |                          |
|-----------|-------------------|-------------------|--------------------|---------------------|---------------------------|-----------------------|--------------------------|
| Date 1902 | Month <i>Feb.</i> | Day <i>24</i>     | Y. <i>26</i>       | M. <i>-</i>         | D. <i>-</i>               | Native of <i>Ind.</i> | Occupation <i>Farmer</i> |
| Male      | <del>White</del>  | Married           | Widow              | <del>Divorced</del> |                           |                       |                          |
| Female    | Colored           | <del>Single</del> | <del>Widower</del> |                     | Number of children living | <i>2</i>              |                          |

Husband of *Mary H. Ruess*  
 Wife

Father's Name *Jos. W. Swamp* Mother's Name *Mary H. Swamp*

|          |                              |  |
|----------|------------------------------|--|
| Cause of | Primary <i>Typhoid Fever</i> | How long sick <i>12 days</i>           |
| Death    | Immediate                    | <del>Accident, Suicide, Homicide</del> |

Reported by *J. W. Mitchee M.D.*

Address *Prosser Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Estell Thomas

Town

County

Died at

Cedar Point Neck

Ches

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb

14

Age 23

- -

Ches Int Homemaker

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Joseph Thomas

John Queen

Rose Miles

Cause of

Primary

Child Birth

How long sick

4 days

Death

Immediate

140

Accident, Suicide, Homicide

Reported by

Caroline Cooper, nurse

Address

Brecht Land

M d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Reported by  
Wm. J. Brown



John Porter Wood  
 Town County

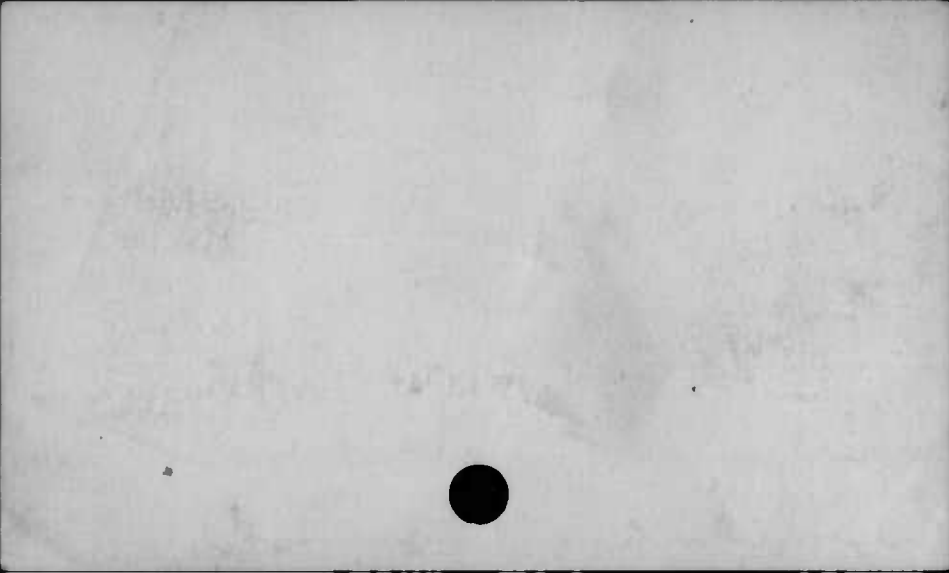
Died at *Perryman* *Charles* MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 *Feb. 4* Age *74* *Free Born* *mechanic*  
 Male White Married ☒ Widow Divorced ☒  
 Female Colored Single ☒ Widower Number of children living

Husband of  
 Wife *Stranger not known*  
 Father's Name Mother's Maiden Name

Cause of Death { Primary Immediate *Paralysis* } How long sick *66*  
 { *66* } *66* Accident, Suicide, Homicide

Reported by *J. W. Mitchell M.D.*  
 Address *Perryman Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Miss Zipporah Yang*  
 Town *Newbury* County *Cheney* MARYLAND  
 Died at

Date 1902 *Feb 18* Month *Feb* Day *18* Y. *60* M.  D.  Native of  Occupation   
 Male  White  Married  Widow  Divorced   
 Female  Colored  Single  Widower  Number of children living

Husband of  
Wife

Father's Name *Paul Zipporah* Mother's Maiden Name *Clara Yang*  
 Cause of Death *Primary* *crapping* How long sick   
*Immediate* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

